

Caregiver Connection

January 2010

A monthly publication for Washington state foster and adoptive families and relative caregivers

Some Helpful Tips About 30 Day Visits



Social workers are required to visit each child on their caseload every month. They are also required to visit caregivers on a monthly basis. The visits are a good opportunity for you and the social worker to discuss issues about the care of your child and help ensure his/her needs and yours are being met.

During these visits, social workers will have questions for you centering on how the child is doing, including progress in school, child's interests, who else is living in the home, discipline, significant events in the home that might affect the child, etc.

This is also an opportunity for you to ask questions of your social worker. You may want to ask questions about: any plans to move the child before the next visit; meeting or court dates being planned to discuss the child in your care; support you need, including training, payment issues, etc.

It may be helpful for both you and the social worker to let each other know the best time and method to contact each other. The monthly visit may also be a good time to schedule the next monthly meeting.

Direct contact is the best contact and we hope you will use these visits to help make your day-to-day care of children easier.

Thank you for all you do.

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Meet the Steele family



The "little" Steele kids – Devin, Dacia, and Dariece

Sue and Gary Steele started down a path about 10 years ago that has changed their lives and their family forever. A friend was doing foster care and was caring for a very difficult child (one of our highest cost kids at the time!), but was not going to be able to continue. Resources for Bryan* had been explored and exhausted and no new placement existed. Sue and Gary said, "Let's give it a try." They were licensed first by DSHS and later by Catholic Community Services so they could take Bryan into their home. A very brave move for brand new foster parents! But Sue and Gary were experienced parents and they accepted the challenge. They agreed it was not an easy challenge, but they hung in and continued to provide support to Bryan through several group home stays, returns to their home, and other absences. Bryan eventually returned to his father, but Sue and Gary stayed connected to him.

In the meantime, other children came their way – 27 in all, plus others for whom they provided respite. The Steeles were adamant that their commitment was to provide temporary care to children in need. But never to adopt. Never. Ever.

Then Dariece came their way. A 4 year old with spina bifida, Dariece had special needs. Sue and Gary said, "We can do this!" And they did. Over the next few years, various adoptive homes were identified for Dariece, but none of them were the

right one. Sue and Gary prayed about what they should do and waited for a sign. Finally, after a potential adoptive family was disqualified, it just became clear to all that Dariece didn't need a home. This was his home.

In the midst of all this, there were two siblings in foster care looking for a forever family. They were in a foster home that the Steeles traded respite with. When a new long term home was needed, they fit nicely with the Steeles. At one time, the siblings were placed in an adoptive home for 9 months, but when that adoption failed, they came back to Sue and Gary's home. And again, the fit was to be forever.

Sue and Gary adopted all 3 children about 3 years ago. Their family now includes Devin, 10, Dariece, 9, and Dacia, 8, plus the 2 grown Steele sons, Daniel, 24 and Peter, 22. They've retired from foster care to focus on their family. Their lives are filled with baseball, church, and family trips. The kids are active and happy, riding their bikes, fishing in the small lake they live on, taking swimming lessons. Dariece has an "off-road" wheelchair so he can join in hikes and other outdoor activities; and he has a hand-operated "bike" so he can join all the kids riding in the cul de sac.

Oh – one more thing. Bryan has now turned 18 and has recently returned to stay at the Steele home while he struggles to get his adult feet under him. They have promised to help him get his GED, find work, and become independent. The Steeles discovered long ago that these kids just stick in your heart. And sometimes in your home.

You can too.

*Not his real name

Medically fragile kids require special care

You may have children come into your care who are defined by the Children's Administration as "medically fragile."

Medically fragile children are those who have medically intensive needs. Their Chronic health-related dependence may be on-going or unpredictable. Their needs require a 24-hour a day skilled health care provider or specially trained family or foster family member, as well as the ready availability of skilled health care supervision.

Further, if the technology, support, and services being received by the individual are interrupted or denied, he or she may, without immediate health care intervention, experience irreversible damage or death.

As a caregiver, you may not be completely familiar with how to handle specific medical conditions of children in your care. Every child is different and every child's needs are different. You should feel comfortable seeking information and training if you need it to better care for your children. Your child's doctor and other health care professionals serving the child can prepare you for meeting the child's unique medical needs with skill and confidence.

Join the Listserv!

We have been reminding you for the past several months that the distribution of this newsletter will become electronic beginning in February. This is the last month for receiving this in the mail with your check!

Beginning in February, the Caregiver Connection will be sent to you as a link to where it is posted on the Foster Parenting/Relatives Caring for Children webpage: <http://www.dshs.wa.gov/ca/fosterparents/index.asp>. Or you can get there yourself by logging on to the CA Internet, selecting Foster Parenting, and then clicking on news. The current, as well as past, issues of the newsletter will be there.

We are hoping, though, that you will all join the foster-parent (soon to be caregiver) listserv. This address will get you where you need to go to do that: <http://listserv.wa.gov/cgi-bin/wa?A0=FOSTERPARENTS&X=2768332E25B618FF1C&Y=madi300%40ds.hs.wa.gov>.

The listserv is a way for us to get information to you more quickly and our goal is to have every caregiver subscribed.

Aaaaahhhhhh, technology! The wave of the future! Catch the wave!

However...we know that some of you will still prefer to play on the beach in the sand, so if you would prefer to continue receiving the newsletter in hard copy, please contact Dinah Martin at (360) 902-0740, or madi300@dshs.wa.gov and she will add you to a mailing list.



Everything you wanted to know about H1N1

If you are still wondering what to do about the new flu, this Q&A may help you.

How do I know if my child is at high risk for complications from the flu?

Your child is at risk if he/she has:

- Asthma
- Neurological and neurodevelopmental conditions including disorders of the brain; spinal cord; peripheral nerve; and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability (mental retardation), moderate to severe developmental delay, muscular dystrophy, or spinal cord injury
- Chronic lung disease (such as cystic fibrosis)
- Heart disease (such as congenital heart disease and congestive heart failure)
- Blood disorders (such as sickle cell disease)
- Endocrine disorders (such as diabetes mellitus)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Weakened immune system due to disease or medication (such as people with HIV or AIDS, cancer, or those on chronic steroids)
- Receiving long-term aspirin therapy for chronic disorders
- Pregnancy

What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs caused by flu viruses. Flu infections usually result in mild illness, but can lead to hospital stays and, rarely, death. Each year several different flu viruses circulate. This year, one of the viruses is the new 2009 H1N1 flu virus.

What are symptoms of the flu?

Symptoms of seasonal and 2009 H1N1 flu can include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue, and sometimes vomiting and diarrhea. Some people sick with the flu will not have a fever.

What is a flu complication?

A flu complication means severe illness (like pneumonia), hospitalization, or death.

How can I protect my child against flu?

- Flu shots: The most important thing is for your child to get both a seasonal and 2009 H1N1 flu vaccine to protect against flu viruses.
- Distance: Keep your child away from people who are sick.
- Hand washing: Wash hands often with soap and running water (for as long as it takes to sing the "Happy Birthday" song twice). If soap and water are not available, use an alcohol-based hand rub. Assist your child in hand washing if he is unable.
- Germ control: Encourage your child to avoid touching his eyes, nose, and mouth. Germs spread this way.
- Cleanliness: Keep bedside tables, surfaces in the bathroom, kitchen counters, and toys clean by wiping them down with a household disinfectant according to directions on the product label.
- Health: If your child is at risk, make sure her underlying condition is under the best control.
- A plan: Have a plan in case your child becomes sick with flu-like illness.

What should I do to take care of my sick child?

- Doctors: Contact your child's doctor if you think he might have the flu. The doctor may want to begin antiviral medications as quickly as possible.
- Home care: Keep your child at home, except for doctor visits, until at least 24 hours after there is no longer a fever or signs of a fever. The fever should be gone without the use of a fever-reducing medicine.
- Covering coughs: Ensure that your child covers coughs and sneezes. Your child may need your assistance if she is unable.
- Rest and fluids: Make sure your child gets plenty of rest and drinks clear fluids (water, broth, sports drinks, electrolyte beverages for infants such as Pedialyte®) to keep from becoming dehydrated.
- Medicines: Ask your doctor about fever-reducing medicines based on your child's

age. Children younger than 4 years of age should not be given over-the-counter cold medications without approval from a health care provider. Aspirin should not be given to children or teenagers who have the flu; this can cause a rare but serious illness called Reye's syndrome.

- Sick room: Keep your sick child in a separate room (a sick room) in the house as much as possible to limit contact with household members who are not sick. Consider designating one person as the main caregiver for the sick child.
- Protect pregnant women: Pregnant women should avoid being the primary caregiver of a sick child if possible.

Are the seasonal and 2009 H1N1 flu vaccines safe for my child?

Yes. Children with high-risk medical conditions are among the most important groups to be vaccinated against seasonal flu and 2009 H1N1 flu. This is because they are at higher risk of complications from the flu.

What types of vaccine should my child receive and how many doses?

There are two types of seasonal flu and 2009 H1N1 flu vaccine available – the shot and the nasal spray. High-risk children should receive the shot only.

Children younger than 10 need two doses of the 2009 H1N1 flu vaccine.

Children younger than 9 who are receiving the seasonal flu vaccine for the first time will need two doses of the seasonal vaccine. All other children should receive one dose of the vaccine.

How can I plan ahead with my child's school or child care?

Find out your child's school or child care plan for flu season.

Let them know your child is at high risk for complications.

What can I do if my child gets sick?

Call or take your child to the doctor if your child develops flu-like symptoms. The doctor may want to begin antiviral medications as quickly as possible.

When can my child go back to school or child care if she is sick?

Generally, your child should stay home until she is free of fever for at least 24 hours. The fever should be gone without the use of a fever-reducing medicine. A fever is defined as 100° F (37.8° C) or greater. For more information, visit www.cdc.gov or www.flu.gov or call 1-800-CDC-INFO.

Important numbers to know when you take care of children in out-of-home care

Foster Parent and Caregiver Crisis and Support Line: 1-800-301-1868

ON-GOING AND CRISIS SUPPORTS FOR FOSTER PARENTS

Under contracts with the state, three private agencies are working to build supports for you within the foster care community. Supports include hubs, support groups, and matching new foster parents with veteran foster parents. To get connected:

- If you live in Eastern Washington, the Olympic Peninsula down through Pacific County or from Thurston County to Clark County, call 1-888-794-1794.
- If you live in King County or any counties north of King County, call 206-605-0664.
- If you live in Pierce or Kitsap counties, call 253-473-9252.
- If you live in King County, the Friends of Youth CARE program provides short-term counseling, education and support to help you care for your most difficult children. 1-888-263-3457 or 206-915-0459.

Family Help Line: 1-800-932-HOPE or www.parenttrust.org. The Family Help Line is a free, statewide training and referral line for the families of Washington state. Last year, the Family Help Line received more than 5,000 calls and requests for information. Calls can last up to 90 minutes and parents can call as often as needed.

Support for foster parents under investigation for allegations of abuse or neglect: Foster Parent Investigation Retention Support Team (FIRST) 253-219-6782. Monday through Saturday, 8:00 a.m. – 8:00 p.m., or leave a message and receive a return call within 24 hours.

Foster Parent and Caregiver Crisis and Support Line: 1-800-301-1868

Mental Health Crisis Line Information: The crisis line telephone number for your county or region is available on the DSHS Mental Health Division website at: <http://www.dshs.wa.gov/mentalhealth/crisis.shtml>.

GENERAL FOSTER PARENT INFORMATION FOR THE STATE OF WASHINGTON

FPAWS: Foster Parent Association of Washington State, 1-800-391-CARE (2273) or www.fpaws.org. FPAWS is seeking new members and supporting foster parents in many ways, including referrals to local associations.

Kitsap and Pierce County information about becoming a foster parent or to receive foster parent support: Foster Care Resource Network, 253-473-9252. Monday through Friday, 9:00 a.m. – 5:00 p.m. or leave a message and receive a return call by the next business day.

RESOURCE INFORMATION AVAILABLE STATEWIDE

Get connected to information on resources in your area by calling 211 – a toll free number.

Children's Administration Foster Parent Website:

<http://www.dshs.wa.gov/ca/fosterparents/>

Children's Administration Foster Parent Training Website – Trainings are open to all licensed foster parents, licensed relative caregivers and unlicensed caregivers. For information about foster parent and caregiver training, check out:

<http://www.dshs.wa.gov/ca/fosterparents/training.asp>

CHILDREN'S ADMINISTRATION FOSTER CARE LISTSERV

Join the 400 people who have subscribed to the List Serve <http://listserv.wa.gov/cgi-bin/wa?SUBED1=fosterparents&&A=1> for updated information on resources for the work you do in caring for children.

Family Planning Services are designed to help avoid unwanted or mistimed pregnancy and are available through your local Community Service Office (CSO). Each CSO has a full time Family Planning Nurse to help provide services to Medicaid eligible clients. There is also a Family Planning hotline number 1-800-770-4334.



Don't miss this opportunity!

The Professional Development Unit and the UW present: "Enhancing Relationships through Teaming" training.

This is an exciting half day training designed to promote greater understanding and more rewarding relationships between Foster Parents/Relative Caregivers and Children's Administration Social Workers.

Team up with Social Workers and learn how to:

- Identify the challenges of collaboration teaming.
- Discover which of your skills and resources can support teaming efforts.
- Discuss with your partner ways to enhance your working relationship.

To register contact your local Resource Family Training Institute Trainer (RFTI) or Shannon Jackson at (360) 902-7648 or obsh300@dshs.wa.gov

Upcoming Training Dates (each class is from 9:00 am to 3:00 pm):

Tumwater – February 4th, 2010

Bremerton – February 5th, 2010

White Center – March 15th, 2010

Lynnwood – March 16th, 2010

New on-line foster parent training video that is beneficial for youth to watch as well!

In partnership with the Department of Information Services and Washington State Higher Education Coordinating Board, Children's Administration has developed a new training for foster parents, using the nationally recognized GEAR-UP curriculum, www.gearup.wa.gov. The goal of this training is to give foster parents the tools needed to work with the youth in their care in helping them successfully graduate from high school and pursue postsecondary education. Foster parent will receive continuing education credit towards their foster care license when completing the online training, which can be found at <http://www.dshs.wa.gov/ca/fosterparents/videoGear.asp>.

